

## Submission to the Psychology Board of Australia

Thank you for the opportunity to make a submission to the Psychology Board of Australia regarding the Consultation Paper on registration standards and related matters.

We are writing this submission in a private capacity. However our understanding of issues regarding registration standards and related matters (in particular specialist registration) and the views expressed in this submission have been informed by our experience as Chairs of the Victorian Section and NSW sections of the Australian Psychological Society (APS) College of Clinical Psychologists.

Membership of the Victorian and NSW Sections of the College is in excess of 1700, and comprises the majority (60%) of Clinical College members in Australia.

Evidence supporting the views expressed in this submission is based on

- i. motions passed unanimously or by a large majority at Victorian and NSW members in General meeting since November 2006
- ii. responses from members to a request for feedback on changes to psychology education and training proposed by the APS in 2009
- iii. a formal Survey of NSW and Victorian College Members conducted in 2009
- iv. numerous individual communications from members

The views expressed in this Submission have not been endorsed by the Australian Psychological Society, which by its constitution is bound to represent and promote the interests of all its 17,500 members.

The introduction of MBS rebates for generalist Psychologists and specialist Clinical Psychologists in November 2006 was followed by period of great change for the Clinical College. Assessment of entry and Eligibility for membership of the College of Clinical Psychologists, (previously administered by the College) was immediately taken over by the APS Medicare Team. This was followed by a rush of psychologists (including many without Clinical Masters Degrees) seeking to establish Eligibility for entry to the Clinical College and access to higher Medicare rebates. Exceptional entry to the Clinical College, previously restricted to very few psychologists was renamed "Alternate Entry" to the Clinical College via a range of routes and levels of education including psychologists with only four years formal university training. Motions were passed in Annual General Meetings of the Australian Psychological Society, changing the Generic Rules for Colleges to increased access and the range of pathways to Clinical College membership. There has also been an unprecedented series of changes to APAC standards for Clinical Psychology training sometimes with little reference to recommendations from the College of Clinical Psychologists. Many members of the Clinical College perceive the above changes to constitute a lowering of standards in order to allow more psychologists to receive higher Medicare rebates.

We have received many communications from members about the need to improve standards for entry to the Clinical College to obtain consistency with overseas standards, which in UK USA and Canada is now a doctoral degree in Clinical Psychology. The majority of our members clearly want an approved Clinical Masters to be the minimum academic entry requirement for the Clinical College and would agree with Clinical Masters as the minimum academic criteria for specialist registration. Members have repeatedly expressed concerns about increasing numbers of psychologists who do not have formal postgraduate training in Clinical Psychology providing Clinical Psychology Services, the impact on the profession and especially on the standard of care provided to the public

Sincerely

Julie Barrington, Chair, Victorian Section APS College of Clinical Psychologists  
Alice Shires, Chair New South Wales Section APS College of Clinical Psychologists

**We would like to comment on sections 3 and 4 of the Consultation Paper presented by the Psychology Board of Australia.**

### **3. Proposed qualification requirements for general registration**

**We support the proposal that a six-year Australian Psychology Accreditation Council (APAC) accredited sequence of study, comprising a master's degree minimum qualification be required for registration as a general psychologist.**

However we note that the paper draws attention to the current high proportion (almost half) of the 4500 provisionally registered psychologists and the need to continue to provide equivalent alternate training pathways. With the decision to phase out the 4+ 2 pathway it seems that the 5+1 training route is the proposed alternate training route. We are concerned that this solution may just perpetuate the current situation of two standards for psychology training albeit with one extra year of academic study. Perhaps with an aim of increasing standards some consideration should be given as to setting a target re the proportion of provisional psychologists that should be accepted into the alternate pathway; this target proportion could be reduced over time. In addition, there appears to be no specific grandparenting period established before the six year qualification comes into force and we are concerned that the 5+1 training route will be preferred as an easy option compared to the masters degree. We request that the Board provides a clear statement on its position and timeframe for phasing out the 4 + 2 model and for the 5+1 model.

### **4. Proposal for specialist registration**

#### **(1) Proposed list of specialties: "Clinical Geropsychology"**

We do not support the additional specialist title of "Clinical Geropsychology" because it is essential for all psychologists to have a strong knowledge of development across the life span. The specialist field of Clinical Psychology covers all age groups and stages of development. To have a separate specialist title of Clinical Geropsychology seems redundant and would not make sense unless specialist titles for Clinical Psychologists are developed for all age groups, for example Clinical Child Psychologist should also become a specialist title. Geropsychology is a term used in the USA but is not recognized as a separate specialty in the UK where the Health Professions Council standards of proficiency (2009) clearly require Clinical Psychologists to have knowledge understanding and skills across the lifespan. If Clinical Psychology is to be divided into age groups so might other specialist areas of psychology resulting in a proliferation of specialist titles.

#### **(2) The current proposal of the Board for Specialist Registration**

**In general we strongly support the Board's proposal for Option 3 for specialist registration as described in the Consultation Paper**

However we seek some clarifications and modifications. In particular, the notion of equivalence needs considerable clarification since it has become the subject of great controversy.

**We agree with the Board that Option 2 (the professional College system) is not a viable standard for specialist Registration.** Although we do strongly support the value of a professional college system in promoting highest standards in the specialist area and providing professional development mentoring and support for its members to continue life long learning, it is true that the professional college system cannot provide protection for the public and there are no offences for unauthorised use of the various specialist titles. Also, as the Psychology Board has noted, there are many routes to obtaining eligibility for College Membership with entry for psychologists with as little as four years university training, so the standards required are not clear to the public.

Another reason why we agree with the Board that Option 2 is not a viable standard for specialist registration, is that under the professional college system as it currently exists

within the Australian Psychological Society a College is not autonomous and does not have the power to set and control standards of entry and equivalence required for membership of the College and the specialist status it confers. One case in point is that of the College of Clinical Psychologists where the College has no formal decision making role in assessing applications for membership and eligibility, which are processed by the Medicare Team employed by APS.

Also, the Constitution of the APS allows for changes to College standards and entry routes to be made by members of the APS in General Meeting (Rule 37 b). Thus, the majority of APS members who do not have postgraduate specialist qualifications can change the generic rules governing Colleges as has occurred in the past two Annual General Meetings of the Australian Psychological Society in 2008 and 2009. Finally one of the main functions of the Australian Psychological Society is to represent and promote the interests of all its 17,500 members rather than the role of protecting the public.

**(3) We support the Boards recommendation that "eligibility for specialist registration requires possession of an APAC-accredited doctorate degree and one year of supervised practice, but wording should be modified to include the words" in that specialty" so the recommendation would read "and a subsequent year of supervision in that specialty".**

**(4) Comment on the Board's reference to "well established APAC standards applying to training leading to postgraduate qualifications"**

While it has been well established that APAC accreditation standards have been applied to postgraduate training leading to specialist qualifications, there is a need for APAC standards to remain stable and to have greater consistency with overseas training standards for specialist Doctor of Psychology and Clinical (or other specialist) Masters courses. There have been an unprecedented number of changes to APAC standards over the past few years, sometimes with little regard for the recommendations from the College of Clinical Psychologists

**(5) We strongly concur with the Board's desire for consistency with internationally required standards**

as the basis for its recommendation to make the professional doctorate the standard for specialist registration. The Board's description of Doctorate programs and the training on page 42 of the consultation paper is of great relevance. We recommend these criteria be also applied to postgraduate Masters degrees in the specialties (perhaps not in such depth) since Masters degrees in the specialty, alone or in combination with a PhD and via grand-parenting will be the basis of specialist registration for the next six years.

Could the Board please clarify which international standards will be taken as the model for specialist registration and the reasons for this choice? The Board has made reference to requirements for practice in the USA but not in relation to the UK where standards for National registration for both general and specialist training have been clearly defined: [http://www.hpc-uk.org/assets/documents/10002963SOP\\_Practitioner\\_psychologists.pdf](http://www.hpc-uk.org/assets/documents/10002963SOP_Practitioner_psychologists.pdf)

Our understanding is that Psychology training in Australia has been based on the British model. Many psychologists come to Australia to work from the UK and many Australian psychologists would like the opportunity to work in the UK. We hope that standards set by the Board for specialist registration will offer greater opportunities for Australian trained psychologists to extend their knowledge and skills by working in the UK and elsewhere.

Our hesitation about following the USA model is that we understand that most psychologist are in the private sector with very few in public health compared with the situation currently in Australia. We do not think this is a desirable direction for Psychology in Australia. Instead we hope for psychologist in public sector can be better supported to provide high quality services for the public through a strong public health system.

We respectfully recommend that the Board seeks to adopt international standards which specify standards of knowledge and competency, demonstrably viable in terms of potential models for funding training and support psychologists working in the public sector.

**(6) We recommend that the Board ensures that the content and structure of the specialist professional doctorates in Australia meet international standards**, for example the knowledge understanding and skills now required for Clinical Psychologists to be registered in the UK and North America. This would facilitate mutual recognition, greater movement between countries and exchange of skills and knowledge, which would be of benefit the Australian public and the health of the Nation.

**(7) We support the Boards proposal for "equivalence to be grandparented for accredited professional master's programs plus a two-year program of approved supervised practice and professional development in the specialist area for a six-year period of recognition of equivalence".** This two-year supervision requirement reflects Western Australian Specialist Registration, was previously a requirement when for Specialist Registration existed in Victoria and was a requirement for membership of the College of Clinical Psychologists until it was reduced to one year by a motion passed by the 2005 AGM of the Australian Psychological Society.

**(8) Option 3- definition**

"Under this proposal, eligibility for specialist registration is defined as follows. The qualification for specialist registration is an accredited professional doctorate in psychology in the specialty plus one year of approved supervised practice (comprising 35 hours of individual supervision with an endorsed supervisor), or equivalent. A PhD in psychology will also meet the standard for specialist registration where all specialist coursework and placements at master's level have been met and the two additional years of supervision and professional development requirements have been completed."

**(9) Comments on the term "equivalence":**

The term "or equivalent" seems problematic unless equivalence is quite clearly defined and the assessment of equivalence is transparent.

The second sentence of option 3 appears not to reflect the requirement of minimal postgraduate professional training in the specialty i.e. having completed an approved Masters degree in the specialty. Instead this definition appears to allow someone with a PhD on any subject to obtain specialist status by completing some coursework units and placements at "Masters level" in the specialty without necessarily being part of a specialist postgraduate Masters course and subject to the normal requirements of admission, systematic training and monitoring and evaluation of competencies and course completion. A preferable alternative definition might be "An approved combined *PhD/Masters in the specialist field of psychology, incorporating a thesis in the specialist field of psychology combined with an approved Masters degree in the specialty, omitting the Masters Thesis requirement, and the two additional years of supervision and professional development requirements for the specialty have been completed.*"

**10 Clarification of "another sequence of study acceptable to the Board; and/or passing an examination in the specialist area".** We support the Board's recommendations for grandparenting current Masters Programs for the next six years under the terms described as reasonable. However,

**(a) The phrase "another sequence of study acceptable to the Board" is unclear.** Could the Board please describe what other sequences of study might be acceptable other than an accredited doctorate in the specialty or a combined PhD/ Masters degree in the specialty? Is the Board referring to a course of study performed overseas, where the applicant has met requirements to practice as a clinical psychologist in the UK, or North America? Clarification is required regarding the Board's meaning.

**(b) The phrase "and/or passing an examination in the specialist area" suggests that an examination might be used as an alternative to the standards laid down by the Board.** Who might be permitted to sit such an examination? Who would set the examination? What kind of examination in the specialist area could provide a realistic and acceptable alternative to a D Psych in the specialty? D Psych is not achieved by examination or even a series of examinations. Universities are responsible for admitting suitable people to their postgraduate specialist D Psych and Masters courses, providing systematic training both academic and practical and relevant to the specialty and ongoing

assessment of the students' knowledge, competencies and preparedness for practice. The postgraduate courses are also monitored for quality assurance. It is hard to see how passing an examination can adequately substitute for such extensive preparation and provide equivalence in the level of protection for the public.

**(11) Clarification of Interim/transition arrangements** We strongly support the Board's recommendations regarding the proposed standards for specialist registration, but we are concerned about how the interim arrangements will be operationalised during the six year grand parenting period.

**At the time legislation takes place, will all psychologists, regardless of the number of years of university training who have been deemed eligible for membership of the Clinical College by the APS Medicare team and have gained Clinical Psychologist status under Medicare be granted specialist registration (i.e. equivalence to a doctorate in the specialty)?**

We understand that since the introduction of MBS items for psychologists in November 2006, at least 67 psychologists with four years of undergraduate university training and 231 psychologists with Masters degrees other than in the specialty of clinical psychology have been approved by the APS Medicare team as eligible for membership of the clinical college. In contrast, in the 12 months from March 2004 to March 2005 only four overseas-trained applicants were accepted into the Clinical College as full members via this exceptional entry route. Would these four year trained psychologists automatically be deemed by the Board to meet requirements for specialist title i.e. equivalence to a doctorate for psychologists given they have only achieved an undergraduate four year university degree?

**We do have some concerns about the phasing out of current registration requirements depending on workforce needs and the provision of university places.** The purpose of National Registration is not to fit in with what the students and practitioners want, workforce issues or funding issues, but to protect the public by providing clear and transparent criteria for standards to practice as general psychologists and as specialist psychologists.